MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/763308 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1		1		1		51						
2		1		1		1	52						
3		1		1		1	53						
4		3				—	54						
5		3				—	55						
6		(1)		1		1	56						
7		(1)		1		1	57						
8		(1)		1		1	58						
9		(1)		1		1	59						
10		(1)		1		1	60						
11		(1)		1		1	61						
12		(1)		1		—	62						
13		(1)		1		—	63						
14		1		1		—	64						
15							65						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		1		**TOTAL IND.**						
TOTAL DEP.			13		8		**TOTAL DEP.**						
TOTAL CLAIMS			14		9		**TOTAL CLAIMS**						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
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